FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751209** **(8)**

1. Corporation Name
ROCK ISLAND COMMUNITY DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3011 N.W. 21ST STREET FT. LAUDERDALE FL 33311	P.O. BOX 9661 FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 02/25/1980
3a. Date of Last Report: 12/30/1994
4. FEI Number: 65-0123939 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): 3011 N.W. 21 ST.	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28): Ft. Lauderdale, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29): 33311 / Country (30): BROWARD	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRAY, JEROME E ESQ.
3011 N.W. 21ST STREET
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRAY, JEROME EDMUND	12 NAME	
STREET ADDRESS	3011 N.W. 21ST STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	DERICO, JOSEPHINE	22 NAME	
STREET ADDRESS	2921 N.W. 23RD STREET	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE 33 33311	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	TRIMBLE, EVELEYN	32 NAME	
STREET ADDRESS	2051 N W 29TH TERR	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	JONES, MILAREA (MILDRED	42 NAME	JONES, MILDRED 1st Name Correction
STREET ADDRESS	2220 N.W. 30TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOORE, ADA	52 NAME	
STREET ADDRESS	2000 NW 29TH TERR.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	54 CITY-ST-ZIP	
TITLE	ASD	61 TITLE	☐ Change ☐ Addition
NAME	LAMBERT, SADIE	62 NAME	
STREET ADDRESS	2020 NW 30TH WAY	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition

SIGNATURE: Jerome E Gray 4/28/95 (305) 760-4875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000271